Date

8/25/2008

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				Application Number	10/776560		
				Filing Date	11/FEB/2004		
for FY 2007				First Named Inventor	Franck Abelard et	al.	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Christopher J. Brow	n	
TOTAL AMOUNT OF PAYMENT (\$) 810			}	Art Unit	2134		
TOTAL AMOUNT OF	1 /3 / / / / / / / / / / / / / / / / / /	(ψ) 010		Attorney Docket No.	PF030038		
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :							
Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
				RCH FEES			
Application Typ	e Fee (\$	Small Entity Fee(\$)	<u>Fee(</u>	Small Entit (\$) Fee(\$)	<u>⊻</u>	mall Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	1.9.50.7.33.4.42
Design	200	100	100	50	130	65	***************************************
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	***************************************
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$)							
Each claim over 20				50	25		
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims Total Claims Extra Claims Fee(\$)			/ ¢ \	Fee Paid (\$)		360 Multiple	180 Dependent Claims
-20 or		X X	= 731	i ee i aiu jy		Fee (
I	-	paid for, if greater than	 1 20.	programmen.			
Indep. Claims		Claims Fee		Fee Paid (\$)		***************************************	***************************************
3 or	HP=	x					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): RCE \$8							\$810
SUBMITTED BY							
nannananananananananananananananananan	***************************************			Registration No.			1 609 734-
signature /Joseph J. Opalach/				(Attorney/Agerit)	36,229	Telepho	ne 6839

Name (Print/Type)

JOSEPH J. OPALACH